

UNITED STATES DISTRICT COURT

United States

District of Massachusetts, Boston **FILED  
CLERK'S OFFICE**

2003 DEC 16 A 11:51

PAULA O'ROURKE,  
PLAINTIFF,  
V.

**SUMMONS IN A CIVIL CASE**  
U.S. DISTRICT COURT  
DISTRICT OF MASS.

INTERGRATED DISABILITY RESOURCES  
GREAT WEST, FIRST ALLMERICA,  
FINANCIAL LIFE INSURANCE CO.  
DEFENDANTS,

CASE NUMBER:

**03-12365PBS**

TO: (Name and address of Defendant)

Integrated Disability Resources  
440 Lincoln Street  
Worcester, MA 01653

**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Nancy L. Hall  
The Hall Law Office  
102 State St, Ste. F  
Newburyport, MA 01950

(978) 499-7111

an answer to the complaint which is herewith served upon you, within Twenty(20) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

CLERK

DATE

(By) DEPUTY CLERK



November 24, 2003

*[Handwritten signature]*

# RETURN OF SERVICE



**Worcester County Sheriff's Office** • P.O. Box 1066 • Worcester, MA 01613 • (508) 752-1100  
 Worcester, ss

DATE

12/10/2003

I hereby certify and return that on 12/09/2003 at 02:26pm I served a true and attested copy of the Summons and Complaint and Jury demand in this action in the following manner: To wit, by delivering in hand to RICHARD BERGES, agent, person in charge at the time of service for INTEGRATED DISABILITY RESOURCES at 440 LINCOLN ST, WORCESTER, MA. Fees: Service 30.00, Travel 19.20, Conveyance 2.00, Attest 5.00 & Postage and Handling 1.00, Total fees: \$57.20

Deputy Sheriff. Kenneth R Hannam

*[Signature]*  
 Deputy Sheriff

## STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on \_\_\_\_\_  
 Date

Signature of Server

Address of Server